

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/018572

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		2		1
7		6		②		1
8	1			①		1
9		1	1		1	1
10		1				
11		1				
12		3				
13		3				
14		③				
15		③				
16	1					
17		1				
18		1				
19		4				
20		2				
21						
22						
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25						
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27						
28	1					
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49						
50						
TOTAL IND.	3		3		3	
TOTAL DEP.	25		8		6	
TOTAL CLAIMS	28		11		9	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS